

Revised 03/06 WDNY

**UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF NEW YORK**

**FORM TO BE USED IN FILING A COMPLAINT  
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983  
(Prisoner Complaint Form)**

All material filed in this Court is now available via the **INTERNET**. See **Pro Se Privacy Notice** for further information.

**1. CAPTION OF ACTION**

**A. Full Name And Prisoner Number of Plaintiff:** NOTE: If more than one plaintiff files this action and seeks in forma pauperis status, each plaintiff must submit an in forma pauperis application and a signed Authorization or the only plaintiff to be considered will be the plaintiff who filed an application and Authorization.

1. Mr. James Maxwell, #05-A-6106-#s Filing A Lawsuit AGAINST THIS  
2. Green Haven Facility its A MAX Facility-my Reason IS They have  
Mr. James Maxwell, 05-A-6106-in A Isolation Freezer HOSPITAL Rm,

**B. Full Name(s) of Defendant(s)** NOTE: Pursuant to Fed.R.Civ.P. 10(a), the names of all parties must appear in the caption. The court may not consider a claim against anyone not identified in this section as a defendant. If you have more than six defendants, you may continue this section on another sheet of paper if you indicate below that you have done so.

1. Commissioner, I Don't Know 4. HOSPITAL SGT-Morning\*Afternoon  
2. Warrant, - I Don't Know 5. HOSPITAL Nurse's Morning\*Afternoon  
3. Deputy D.S.S. I Don't Know 6. Lt.'s, Morning\*Afternoon,  
I Don't Know None of There names Not Even The chucker

**2. STATEMENT OF JURISDICTION**

This is a civil action seeking relief and/or damages to defend and protect the rights guaranteed by the Constitution of the United States. This action is brought pursuant to 42 U.S.C. § 1983. The Court has jurisdiction over the action pursuant to 28 U.S.C. §§ 1331, 1343(3) and (4), and 2201.

**3. PARTIES TO THIS ACTION**

**PLAINTIFF'S INFORMATION** NOTE: To list additional plaintiffs, use this format on another sheet of paper.

Name and Prisoner Number of Plaintiff: Mr. James Maxwell, 05-A-6106

Present Place of Confinement & Address: Green Haven Correctional Facility  
P.O. Box 4000/Stormville, New York, 12582-4000

Name and Prisoner Number of Plaintiff:

Present Place of Confinement & Address:

The Same Above

**DEFENDANT'S INFORMATION NOTE:** To provide information about more defendants than there is room for here, use this format on another sheet of paper.

Name of Defendant: Green Haven Correctional owner of This  
 (If applicable) Official Position of Defendant: FACILITY  
 (If applicable) Defendant is Sued in Individual and/or ☒ Official Capacity  
 Address of Defendant: PASS Don't Know

Name of Defendant: \_\_\_\_\_  
 (If applicable) Official Position of Defendant: Employees Who Work at This -  
 (If applicable) Defendant is Sued in Individual and/or ☒ Official Capacity  
~~Name of Defendant:~~ Green Haven Facility Jail Filing A Lawsuit  
Because I am Place Inside A Isolation Rm.

~~Name of Defendant:~~ \_\_\_\_\_  
 (If applicable) Official Position of Defendant: \_\_\_\_\_  
 (If applicable) Defendant is Sued in Individual and/or \_\_\_\_\_ Official Capacity  
 Address of Defendant: \_\_\_\_\_

#### 4. PREVIOUS LAWSUITS IN STATE AND FEDERAL COURT

- A. Have you begun any other lawsuits in state or federal court dealing with the same facts involved in this action?  
 Yes      No ☒

If Yes, complete the next section. NOTE: If you have brought more than one lawsuit dealing with the same facts as this action, use this format to describe the other action(s) on another sheet of paper.

1. Name(s) of the parties to this other lawsuit:  
 Plaintiff(s): I AM Mr. James, Maxwell, Who is Placing This  
Lawsuit Against The Defendant Employees  
Plus The owner of Green Haven Correctional Facility
2. Court (if federal court, name the district; if state court, name the county): JAMES T. Foley,  
US Courthouse, 445-Broadway, Albany, N.Y. 12207-2974
3. ~~Docket or Index Number:~~ \_\_\_\_\_
4. Name of Judge to whom case was assigned: DON'T HAVE ONE PICK ONE

5. The approximate date the action was filed: 9/22/ to 10/7/12

6. What was the disposition of the case?

Is it still pending? Yes ☒ No ☐

If not, give the approximate date it was resolved. Not Yet

Disposition (check the statements which apply):

☐ Dismissed (check the box which indicates why it was dismissed):

☐ By court *sua sponte* as frivolous, malicious or for failing to state a claim upon which relief can be granted;

☐ By court for failure to exhaust administrative remedies;

☐ By court for failure to prosecute, pay filing fee or otherwise respond to a court order;

☐ By court due to your voluntary withdrawal of claim;

☐ Judgment upon motion or after trial entered for - Trail

☒ plaintiff

☐ defendant.

B. Have you begun any other lawsuits in federal court which relate to your imprisonment?

Yes ☐ No ☐

If Yes, complete the next section. NOTE: If you have brought more than one other lawsuit dealing with your imprisonment, use this same format to describe the other action(s) on another sheet of paper.

1. Name(s) of the parties to this other lawsuit:

Plaintiff(s): I Mr. James Maxwell, 05A6106# Who is short  
To Be Release But At Hospital of Green Haven Isolation Room  
~~\_\_\_\_\_~~ Were They Put Mr. James Maxwell At From The  
SHU-Box Because of MY Medical I use my Walker

2. District Court: James T. Foley, U.S. Court House,

3. ~~\_\_\_\_\_~~ 445-Broadway-Albany, n.y. 12207-2974

4. Name of District or Magistrate Judge to whom case was assigned: PICK one

5. The approximate date the action was filed: STATE Lawsuit Against Department

6. What was the disposition of the case? Of Green Haven Correctional Facility  
I am place INSIDE A Isolation Freezer Room;

Is it still pending? Yes ☒ No ☐

If not, give the approximate date it was resolved. NO Not Yet!

Disposition (check the statements which apply):

Dismissed (check the box which indicates why it was dismissed):



By court *sua sponte* as frivolous, malicious or for failing to state a claim upon which relief can be granted;



By court for failure to exhaust administrative remedies;



By court for failure to prosecute, pay filing fee or otherwise respond to a court order;



By court due to your voluntary withdrawal of claim;

Judgment upon motion or after trial entered for



plaintiff



defendant.

TRAIL Before November 15, 2012

### 5. STATEMENT OF CLAIM

For your information, the following is a list of some of the most frequently raised grounds for relief in proceedings under 42 U.S.C. § 1983. (This list does not include all possible claims.)

- |                    |                               |                               |
|--------------------|-------------------------------|-------------------------------|
| • Religion         | • <u>Access to the Courts</u> | • Search & Seizure            |
| • Free Speech      | • False Arrest                | • Malicious Prosecution       |
| • Due Process      | • Excessive Force             | • Denial of Medical Treatment |
| • Equal Protection | • Failure to Protect          | • Right to Counsel            |

**Please note that** it is not enough to just list the ground(s) for your action. You **must** include a statement of the facts which you believe support each of your claims. In other words, tell the story of what happened to you but do not use legal jargon.

**Fed.R.Civ.P. 8(a)** states that a pleading must contain "a short and plain statement of the claim showing that the pleader is entitled to relief." "The function of pleadings under the Federal Rules is to give fair notice of the claim asserted. Fair notice is that which will enable the adverse party to answer and prepare for trial, allow the application of res judicata, and identify the nature of the case so it may be assigned the proper form of trial." Simmons v. Abruzzo, 49 F.3d 83, 86 (2d Cir. 1995).

**Fed.R.Civ.P. 10(b)** states that "[a]ll averments of claim ... shall be made in numbered paragraphs, the contents of each of which shall be limited as far as practicable to a single set of circumstances."

### Exhaustion of Administrative Remedies

Note that according to 42 U.S.C. § 1997e(a), "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

You must provide information about the extent of your efforts to grieve, appeal, or otherwise exhaust your administrative remedies, and you must attach copies of any decisions or other documents which indicate that you have exhausted your remedies for each claim you assert in this action.

**A. FIRST CLAIM:** On (date of the incident) I Been in The SHU Since 9/20/12

defendant (give the **name and position held** of each defendant involved in this incident) I Am Medical

Inmate Who Use A Medical Walker It Mine's Personal Walker

I Left The SHU-Box on Saturday Morning 9/22/12 to Come

did the following to me (briefly state what each defendant named above did): The Whole Problem

IS That I Am Place Inside This High Freezen

Isolation Hospital Room Second Floor - A-So - IPC,

I Am Not SHU / I Am Short to Be Cut Loose

Next Month - There No Need to Place me Inside A

~~Isolation~~ Freezen Cold Damp Room! First Thing

→ First I Don't At All Have Any HIV - to - Be Place

Inside Isolation Hospital-Room - A-So - IPC Room

The constitutional basis for this claim under 42 U.S.C. § 1983 is: \_\_\_\_\_

The relief I am seeking for this claim is (briefly state the relief sought): my Civil Rights

And, Large Law Suit Against Green Haven Facility,

Remove Mr. James Maxwell, Back to Downstate Correctional Facility

**Exhaustion of Your Administrative Remedies for this Claim:**

Did you grieve or appeal this claim? ☒ Yes ☐ No If yes, what was the result? I Got

Envelopes Yesterday So it Going out

Did you appeal that decision? ☐ Yes ☒ No If yes, what was the result? \_\_\_\_\_

Attach copies of any documents that indicate that you have exhausted this claim.

If you did not exhaust your administrative remedies, state why you did not do so: I DID

Wrote to The Commissioner At Albany, n.Y. 12226

**A. SECOND CLAIM:** On (date of the incident) for Placing A Handicap

defendant (give the **name and position held** of each defendant involved in this incident) Unknown

Inside Isolation Freezen Ice Cold Room But

I Been Writting The Boss Commisssioner, No Answer

Yet; Request for Investigation Be Done,

I am Taking All The own,<sup>5</sup>

did the following to me (briefly state what each defendant named above did):

*I Looking to  
Be Come To New Owner OF THIS Facility  
Then Knock it all Down, And, BuilDing my  
Dream House, And, Become The World's Richest  
Black Handy-Cap man On Gods Earth  
Set me Free With All That Green money  
From There USA BANKS I Want it All,*

The constitutional basis for this claim under 42 U.S.C. § 1983 is: \_\_\_\_\_

The relief I am seeking for this claim is (briefly state the relief sought): \_\_\_\_\_

**Exhaustion of Your Administrative Remedies for this Claim:**

Did you grieve or appeal this claim? ☒ Yes \_\_\_\_\_ No If yes, what was the result? *I Just*

*Got Envelopes Yesterday*

Did you appeal that decision? \_\_\_\_\_ Yes ☒ No If yes, what was the result? *not yet*

*Attach copies of any documents that indicate that you have exhausted this claim.*

If you did not exhaust your administrative remedies, state why you did not do so: \_\_\_\_\_

**If you have additional claims, use the above format and set them out on additional sheets of paper.**

**6. RELIEF SOUGHT**

*Summarize the relief requested by you in each statement of claim above.*

*Suiting Green Haven Correctional Facility for Not  
Placing me inside A Regular Hospital Room At  
Green Haven Facility Hospital 2nd Floor A-Isolation R.m.  
Plus I Am A Handy-Cap use A Walker*

Do you want a jury trial? Yes ☒ No \_\_\_\_\_

**I declare under penalty of perjury that the foregoing is true and correct.**

Executed on 9/22/10/2/12  
(date)

**NOTE: Each plaintiff must sign this complaint and must also sign all subsequent papers filed with the Court.**

James Maxwell, 05-A-6106  
James Maxwell, 05-A-6106  
James Maxwell, 05-A-6106  
Signature(s) of Plaintiff(s)

I HAVE EVIDENCE AS PROOF?



GREEN HAVEN CORRECTIONAL FACILITY

P.O. BOX 4000  
STORMVILLE, NEW YORK 12582-4000

GREENHAVEN

NAME: James, Maxwell DIN: 05A-6/06

CORRECTIONAL FACILITY



UNITED STATES POSTAGE  
02 14  
00046 23953 OCT 13 2012  
MAILED FROM ZIP CODE 12582  
\$ 00.450

*T. James T. Foley, U.S. Court House*  
*445 Broadway*

*Albany New York 12207-2974*

122072974

*Michael J. ...*